

<div> <div>10/18/73.024</div> <div>FILING DATE</div> </div>						
<div> <div>MULTIPLE DEPENDENT CLAIM</div> <div>FEE CALCULATION SHEET</div> <div>(FOR USE WITH FORM PTO-875)</div> </div>						
APPLICANT(S)						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						
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TOTAL DEP.						
TOTAL CLAIMS						